

**Abstract 223**

**TITLE:** Sterile Syringe Accessibility for Injection Drug Users in Denver

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**OBJECTIVES:** Colorado has no legally sanctioned needle exchange program: as a result, the primary source of sterile syringes are pharmacies. Although a prescription is not necessary to purchase a syringe in Colorado, pharmacy sales are often restricted. This study examines the degree to which sterile syringes are available to injection drug users (IDUs) through pharmacy sales in the Denver metro area and identifies possible constraints that limit access.

**METHODS:** Eight actively using IDUs representing both genders from the city's three major ethnic groups, and two white counterculture youth, attempted to individually purchase syringes at 27 pharmacies within the Denver city limits. 24 pharmacies were randomly selected and three more were added on the basis of ethnographic information indicating their willingness to openly sell syringes. Participants were instructed to ask for syringes using a dialog that all eight participants agreed was similar to how they ask. During the study, participants asked the pharmacist for a 10 pack of U-100 insulin syringes. If any questions were asked of them concerning diabetic identification or insulin type, they replied that it was for their grandmother and they did not know what insulin type she took. In all cases, all receipts were obtained from the participants and a series of open-ended questions were asked following each attempt to purchase. The questions consisted of a description of the setting of the pharmacy, how they attempted to purchase syringes and how the pharmacist responded to them.

**RESULTS:** Success in purchasing syringes varied among participants. None of the participants were able to purchase at all twenty-seven pharmacies, and some participants were able to buy at more pharmacies than others. Reasons for this appear to be related to issues of race, gender, appearance of familiarity. Prices for a ten pack of syringes were inflated up to 500% between stores, price fluctuation also occurred within the same pharmacy among different participants. Other possible constraints affecting IDUs in general included: inconvenient hours of operation, location and fixed quantity sales.

**CONCLUSIONS:** Even in a state where there is no prescription law, access to sterile syringes through pharmacy sales is problematic. The U.S. Public Health Service suggests that the best way to curtail the transmission of HIV and other blood borne pathogens among IDUs not currently in treatment is to increase their access to syringes. In addition to needle exchanges, concerted efforts must be made to encourage greater access of syringes through pharmacies.

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